

The Mental Health Services Act

Changing Lives

Investing in Communities

Legislative Informational Briefing

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Presentation Goals

Describe Current Impact

How is the MHSA getting the results the voters intended and changing lives and communities despite tough fiscal times?

Identify Current and Future Challenges

Key Themes

Early start-up and initial implementation are, for the most part, complete.

It is time to identify what is **effective, efficient** and **improving** the public mental health system for individuals, families and communities.

Early Outcomes in Counties Across the State Demonstrate Success !

Key Themes

- The MHSA is a **foundational and vital** funding source -- not a stand alone system of boutique programs.
- Previously funded services are being eliminated while strategies with MHSA values are expanding and filtering into “the way counties conduct their business.”
- Within the Act's parameters, flexibility to meet urgent and emerging needs is critical.

**The MHSA is getting the
results voters intended:**

**Changing lives and investing in
communities**

MHSA Intended Outcomes

- MHSA was intended to Reduce the Negative Impact of Untreated Mental Illness
 - Homelessness
 - Incarceration
 - School Failure
 - Removal of children from their homes
 - Prolonged Suffering
 - Suicide
 - Unemployment

MHSA Services and Design

The MHSA is intended to build a community mental health system capable of meeting needs prior to a costly crisis that reflects the following values:

- Community Collaboration
- Consumer and Family Driven Services and Supports
- Cultural Competency
- Recovery, Resiliency and Wellness-Oriented
- Integrated Services

**Preliminary Results
From Counties
Through Full Service
Partnerships**

Reducing Homelessness

Percent Reduction in Days Spent Homeless

Transition Age Youth

- Madera: 85%
- San Francisco: 100%
- Contra Costa: 95%
- Stanislaus: 92%

Adults

- Kern: 88%
- Lake: 80%
- Placer: 88%
- Orange: 70%

Older Adults

- San Diego: 89%
- Sacramento: 81%
- Riverside: 89%
- San Mateo: 75%

Reducing Homelessness

Creating Permanent Housing Units Across California

The MHSA Housing Program reduces homelessness by investing \$400 million in MHSA funds, to be leveraged with other funds for the development of permanent supportive housing, including rental & shared housing.

Total MHSA Investment to Date	\$154.6 million
Leveraged Investment	\$930 million
MHSA Units to be Built	933
Total Units to be Built	2, 781

Reducing Incarceration

Reducing Days Spent Incarcerated & Arrested

Transition Age Youth

- Contra Costa: 80%
- Riverside: 86%
- Madera: 92%
- San Bernardino: 85%

Adults

- San Luis Obispo: 89%
- Tuolumne: 87%
- Shasta: 83%
- Orange: 85%

Other Strategies to Reduce Incarceration:

- Psychiatric Emergency Response Teams
- Crisis Intervention Training with Law Enforcement
- Mental and Behavioral Health Courts
- Jail to Community Linkage Programs

Reducing School Failure

Decrease in School Suspensions:

- San Mateo: 100%
- Berkeley: 70%
- San Bernardino: 100%
- San Francisco: 90%

Increase in School Attendance:

- Los Angeles (Child & Family Center): 85%
- Nevada (Victor Community Support Services): 90%

Increase in School Grades:

- Tuolumne: 100%
- Placer: 100%
- Los Angeles (Tessie Cleveland Community Services): 85%

Reducing the Removal Of Children from their Homes

Decrease in Out of Home Placements:

- Mariposa: 90%
- San Francisco: 84%
- San Diego: 87%
- San Mateo: 77%

Decrease in Youth Entry to Juvenile Justice:

- Placer: 97%
- Stanislaus: 94%
- San Diego: 93%

Reducing Hospitalization

Percent Reduction in Days Spent Hospitalized

- Sonoma: 90% reduction for transition age youth
- Sacramento County (Turning Point Community Programs): 96% reduction for adults
- Kern County: 100% reduction for older adults

The MHSA is Creating Alternatives to Hospitalization

- Urgent Care Centers (UCC) operate 23-hours per day and offer walk in visits, extended hours and expanded services. UCCs link individuals to FSPs
- Mobile Crisis Units
- Peer-run wellness centers, warm-lines and crisis respite services

Full Service Partnerships (FSPs) Result in Cost-Savings

- *Adult FSPs in Orange County are Saving Taxpayer Dollars:*
 - ❖ Decrease in Psychiatric Hospitalization by 50% = cost saving of \$2,290,818.00
 - ❖ Reduction in Incarcerations by 86% = \$2,398,208.00

MHSA Values & New Opportunities

Changing Lives & Investing in Communities

- Supporting prevention and early intervention strategies like suicide prevention;
- Making investments to build a skilled and culturally diverse workforce;
- Implementing culturally competent services and learning new strategies to reduce ethnic and cultural disparities in access to quality services; and
- Filling gaps in existing services and addressing immediate and unique local needs such as the needs of returning Iraq and Afghanistan combat veterans and inmates released from state prisons with significant mental health disabilities.

Suicide Prevention Activities

San Diego County:

- MHSA supports the Suicide Prevention Education Awareness & Knowledge Program and Yellow Ribbon Suicide Prevention Program in partnership with their School District – both are classroom oriented prevention and empowerment programs.
- Partner with AdEase and Community Health Improvement Partners (CHIP) to deliver anti-stigma messages around suicide & mental health.

Tuolumne County:

- MHSA supports the U.S. Air Force Suicide Prevention Program - a partnership between the U.S. Military and community services. This intervention program focuses on decreasing risks for suicide in the workplace.
- MHSA supports the Applied Suicide Intervention School Training (ASIST) in the county's 13 schools. This program will train a minimum of 50 people per year.

Workforce, Education and Training

■ *Workforce Investments to Increase Bilingual and Bicultural Staff:*

- CA Social Work Education Center has released nearly 400 stipends for MSW and MFT students to serve in community mental health settings.
- The Statewide Loan Assumption Program administered by the Office of Statewide Health Planning and Development has used MHSA funds to award 71% bicultural and 68% bilingual mental health providers.

County Strategies:

- **Monterey** has used MHSA funds to increase its bilingual staff by 48% since 2003-04.
- **Orange** has hired and retrained 20 bilingual/bicultural Asian Pacific Islander staff with MHSA resources.
- **Santa Cruz, Monterey and San Benito** Counties collaborated to create an MSW program at CA State University Monterey Bay with the goal of attracting 190 students who will graduate with a 90% bicultural rate within 3 years.

Increasing Cultural Competency

County Strategies:

- **Los Angeles:** Through 43 Wellness Centers nearly 12,000 Latinos access culturally competent services, while 36% (or 3,019 individuals) of LA's FSP enrollees are Latino.
- **Riverside:** Expanded interventions for Latino youth and their families, with Latino youth representing 76% of enrollees in a child FSP that has nearly eliminated school expulsions and decreased arrests by over 50%.
- **Orange:** An Asian Pacific Islander FSP targets API youth with monolingual parents who have never been able to access county mental health services for their children until the MHSA.
- **Alameda:** MHSA supported a utilization survey to study and now implement improved community services for African American males.
- **Contra Costa:** Families Forward has an FSP administered by Asian Pacific Psychological Services and Families. Unidades serves high risk Latino and Asian Pacific Islander children and youth who have averaged an 80% decrease in arrests and a 77% increase in school grades.

Reducing Disparities

Prevention and Early Intervention:

- **Statewide Investments** – Reducing Disparities Project will direct \$60 million to implement strategies to improve access, quality of care and outcomes.
- **County Investments** –
 - **Contra Costa** partners with *La Clinica del la Raza* through a Federally Qualified Health Center to provide prevention and early intervention strategies to the over 7,300 clients they serve.
 - **Butte's** African American Family Cultural Center provides culturally appropriate services to address mental health challenges to children and their families.
 - **Orange's** Multi-Ethnic Collaborative of Community Agencies includes Latinos, Middle Easterners and Asian community providers who leverage MHSA funds with local initiatives to serve their communities.

Reducing Disparities

Innovations:

Los Angeles County is investing \$16 million of MHSA funds to 5 underserved ethnic and racial populations for community-based programs such as a referral network for non-traditional healing, wellness strategies and neighborhood and family strengthening programs.

Filling the Gaps in Services for Returning Veterans

Connecting Veterans with Services

- Counties fund the *Veteran's Network of Care* to provide online information about specific mental health resources available by county.
- MHSA funds support the CA Department of Veterans Affairs and the CA Department of Military Services to work with local veterans associations to support returning veterans in accessing mental health resources services.

Counties Programs for Veterans and their Families

- **Kings:** *Veterans Support Group*, including linkage to services
- **Monterey:** Behavioral staff support to the *Veterans Transition Center*
- **San Diego:** "*Courage to Call*" program provides peer outreach and counseling, linkage to services, education and training and a support hotline
- **San Bernardino:** *Military Services and Family Support Program* provides counseling for the individual, family and couples

**Is this progress at risk due to
our current fiscal crisis and
now the Governor's Proposal
in the May Revise?**

Current Context – Fiscal Crisis

- Counties overwhelmingly agree that without the MHSA the public community-based mental health system would be decimated today.
- The MHSA has become virtually the sole funding source for community-based services for non Medi-Cal eligible adults.

Current Context – Fiscal Crisis

Significant and **Cumulative** budget cuts at the State level result in local Mental Health Departments having no choice but to reduce programs, close clinics and eliminate staff positions or impose hiring freezes to cope with a lack of funds.

Current Context – Fiscal Crisis

- In FY 2009-10, there was a **50%** State Budget reduction to counties' allocation for the Medi-Cal Specialty Mental Health Program, **with no change in county responsibilities.**
- An **8.5%** decline in Vehicle License Fees in 2008-09 is resulting in an overall **4% to 5%** Realignment decline in 2009-10. County Realignment funds for mental health have **declined by \$200 million per year since FY 2007-2008.** These funds are to be used for Medi-Cal match, involuntary treatment and services to indigent individuals.

Current Context – Fiscal Crisis

- Children's entitlement programs – Mental Health Services for Special Education Students (AB 3632) and Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) need annual legislative appropriation and counties are reimbursed for services provided.
- Counties are currently **owed over \$430 million** for state-mandated AB 3632 services and **\$16 million (plus federal funds)** for EPSDT cost settlement deferrals.

Future Challenges – MHSA Revenue Decline

Economic downturn of recent years has reduced MHSA revenues that would support programs in fiscal years 2010-11 through 2012-13.

MHSA County Planning Estimates

Conservative Estimate (Dollars in Millions)

	Fiscal Year								
	Actual							Estimated	
	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Planning	\$12.7								
CSS		\$317.3	\$320.5	\$518.2	\$650.0	\$900.0	\$783.6	\$691.8	\$588.9
PEI				\$115.0	\$232.6	\$330.0	\$216.2	\$172.9	\$147.2
WET				\$100.0	\$110.0				
CFTN				\$345.0	\$108.4				
INN					\$71.0	\$71.0	\$119.6	\$45.3	\$38.7
Total	\$12.7	\$317.3	\$320.5	\$1,078.2	\$1,172.0	\$1,301.0	\$1,119.4	\$910.0	\$774.8

MHSA County Planning Estimates

Conservative Estimate (Dollars in Millions)

	FY10/11	FY11/12	FY12/13	FY11/12	FY12/13
CSS	\$783.6	\$691.8	\$588.9	-12%	-15%
PEI	\$216.2	\$172.9	\$147.2	-20%	-15%
Inn	\$119.6	\$45.3	\$38.7	-62%	-15%
Total	\$1,119.4	\$910.0	\$774.8	-19%	-15%

Future Challenges – *Serve More, Better, and With Less*

MHSA is being used as voters intended and getting results, but it is **not sufficient** to meet the service needs of all Californians diagnosed with serious mental illness who may be eligible for community mental health services.

Governor's Proposal In May Revise

- \$602 Million redirection from county mental health Realignment funds to county social services.
- Counties would continue to have \$435 million in Realignment funds for "federally required" match for Medi-Cal services such as EPSDT, inpatient care and medication services.
- State would be once again responsible for involuntary civil commitments in State Hospitals and IMDs (long term care).
- **All** other services in the community mental health system (such as jail mental health services) are to be considered "**optional.**"

What does this mean for the Specialty Mental Health Managed Care Program, along with the 1915(b) waiver and targeted case management and rehabilitative service state plan amendments?

Mental Health Service System At Breaking Point Capacity

Governor's Proposal will **re-institutionalize** Californians with mental illness or throw them to the streets.

Millions of Federal funds will be lost leaving counties unable to provide community-based services.

**The Progress of the
MHSA could be erased**